

09 922 483

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000				Application or Docket Number <b>09922483</b>																																											
<b>CLAIMS AS FILED - PART I</b>																																															
		(Column 1)	(Column 2)																																												
TOTAL CLAIMS		15																																													
FOR	NUMBER FILED		NUMBER EXTRA																																												
TOTAL CHARGEABLE CLAIMS		15 minus 20 =																																													
INDEPENDENT CLAIMS		2 minus 3 =																																													
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>																																															
* If the difference in column 1 is less than zero, enter "0" in column 2																																															
<b>CLAIMS AS AMENDED - PART II</b>																																															
		(Column 1)	(Column 2)	(Column 3)																																											
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA																																											
	Total	7	Minus	15	=																																										
	Independent	1	Minus	2	=																																										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>																																														
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA																																											
	Total		Minus		=																																										
	Independent		Minus		=																																										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>																																														
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA																																											
	Total		Minus		=																																										
	Independent		Minus		=																																										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>																																														
<div style="display: flex; justify-content: space-between;"> <div> <p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</p> <p>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."</p> <p>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."</p> <p>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p> </div> <div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">SMALL ENTITY TYPE <input type="checkbox"/></th> <th colspan="2" style="text-align: center;">OR</th> <th colspan="2" style="text-align: center;">OTHER THAN SMALL ENTITY</th> </tr> <tr> <th style="width: 25%;">RATE</th> <th style="width: 25%;">FEE</th> <th></th> <th></th> <th style="width: 25%;">RATE</th> <th style="width: 25%;">FEE</th> </tr> </thead> <tbody> <tr> <td>BASIC FEE</td> <td>355.00</td> <td>OR</td> <td></td> <td>BASIC FEE</td> <td>710.00</td> </tr> <tr> <td>X\$ 9=</td> <td></td> <td>OR</td> <td></td> <td>X\$18=</td> <td></td> </tr> <tr> <td>X40=</td> <td></td> <td>OR</td> <td></td> <td>X80=</td> <td></td> </tr> <tr> <td>+135=</td> <td></td> <td>OR</td> <td></td> <td>+270=</td> <td></td> </tr> <tr> <td>TOTAL</td> <td>355</td> <td>OR</td> <td></td> <td>TOTAL</td> <td></td> </tr> </tbody> </table> </div> </div>						SMALL ENTITY TYPE <input type="checkbox"/>		OR		OTHER THAN SMALL ENTITY		RATE	FEE			RATE	FEE	BASIC FEE	355.00	OR		BASIC FEE	710.00	X\$ 9=		OR		X\$18=		X40=		OR		X80=		+135=		OR		+270=		TOTAL	355	OR		TOTAL	
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